



Social History:

Marital Status: _____ Education Level: _____

Occupation: _____ Retired: Y / N

Leisure Activities: _____

Do you exercise (including walking) Y / N How often? _____

Have you ever smoked tobacco? Y / N Number of Years: _____

How frequent? _____ Quit Date: _____

Circle the type of tobacco used: Cigarettes Cigars Pipe Chew

Have you ever drank alcohol? Y / N How frequent? _____

How much caffeine do you drink? _____